
Outpatient Physical Therapy or Speech Pathology (OPT/OSP) Providers Survey Process

Survey protocols and Interpretive Guidelines were established by the Centers for Medicare and Medicaid Services (CMS) to provide guidance to personnel conducting surveys. They serve to clarify, and/or explain, the intent of the federal regulations. All surveyors are required to use this protocol in assessing compliance with requirements.

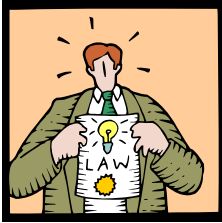


The OPT/OSP provider survey protocols and federal regulation set are contained within 42 Code of Federal Regulations (CFR) Part 485, Subpart H. [Appendix E](#) of the CMS State Operations Manual (SOM). The regulatory requirements are made up of twelve Conditions of Participation (CoPs) and each of these Conditions is made up of standards. The OPT/OSP provider must be in compliance with all requirements at all times. Below is a brief description of the OPT/OSP provider survey. Please refer to Appendix E for specific information regarding the OPT/OSP provider survey process.

Initial Surveys

Providers seeking initial Medicare certification as an OPT/OSP provider must have their application materials approved prior to an initial survey being scheduled. Once the State Provider receives notification from the Medicare Fiscal Intermediary that the application has been approved, we will contact you to discuss when an initial survey may be done. **However, due to limited staff resources and funding, as well as the requirement to accomplish higher priority work to meet our contractual agreement with CMS, this office is unable to complete initial certification surveys, now or in the foreseeable future.** Please refer to [CMS letter, S&C 08-03, dated November 5, 2007](#), for additional information.

Recertification Surveys



CMS directs the frequency and priority status of OPT/OSP provider recertification surveys. CMS established priorities and frequencies for FFY 2009 are as follows:

- Priority One: There currently are no Priority One designations for OPT/OSP providers.
- Priority Two: 5% targeted sample. Each year, the State surveys 5% of the providers in the state.
- Priority Three: 7.0 year interval. Additional surveys are done (beyond Priority Two surveys) to ensure that no more than 7.0 years elapse between surveys for any one particular OPT/OSP provider.
- Priority Four: 6.0 year average. Additional surveys are done (beyond Priority Two and Priority Three surveys) such that all providers in the state are surveyed on average, every 6.0 years.

Follow-up Surveys

The purpose of the follow-up survey is to determine that systemic corrective action have been implemented for the deficiencies cited during the previous survey. A follow-up survey may be conducted at the facility or by phone/mail. An unannounced on-site revisit is mandated when deficiencies are cited at the Condition of Participation level; but may be optional when cited at the standard level.

Complaint Surveys

Anyone may file allegations of provider non-compliance with regulatory requirements. The state agency is required to investigate all such allegations. When a complaint which alleges regulatory non-compliance is received, an

unannounced complaint survey is conducted which focuses on the allegations of the complaint. Please refer to [Chapter 5](#) of the SOM for more specific information regarding the complaint survey process.